



Michigan Department of Agriculture

Food Service Program Assessment Forms

Food & Dairy Division
Michigan Department of Agriculture
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Food Service Assessment Forms Agency: Barry-Eaton District Health Dept.

Review Dates: 5/3-7/04 Review Period: 5/1/01-5/1/04 Reviewer(s):KB,RG XXInitial

Executive Summary

MPR	Status		Findings
	M/MC	NM/NA	
Plan Review			
1			
Inspections			
2.1			
2.2			
2.3			
2.4			
2.5			
2.6			
2.7			
2.8			
Records			
3			
Enforcement			
4.1			
4.2			
4.3			
4.4			
4.5			
4.6			
Staff Training & Qualifications			
5.1			
5.2			
5.3			
Foodborne Illness Investigations			
6.1			
6.2			
Important Factors - Not Used To Determine Accreditation Status			
	M	NA	
Educational Outreach			
IF 1			
HACCP Program			
IF 2			
Continuing Education of Regulatory Staff			
IF 3			
Program Support			
IF 4			
Industry & Community Relations			
IF 5			
Quality Assurance Program			
IF 6			

M= Met
 MC= Met with Conditions
 NM= Not Met
 NA= Not Applicable

MPR Summary

MPR 1 Plan Review Summary

_____ of _____ files had no problems.

_____ % **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

MET MC NM

MPR 2 Inspections

2.1 Pre-opening Inspections

_____ of _____ files had no problems.

_____ % **compliance rate. 80% required.**

Specifics (Problem and number of times it occurred):

MET MC NM

2.2 Inspection Frequency

Method 1 (Calculated from files)

MET MC NM

A. Number of facilities in sample meeting inspection frequency: _____

B. Number of facility files reviewed: _____

C. **Percent of files meeting inspection frequency $\{(A/B) \times 100\}$:** _____ % (MET= $\geq 80\%$, if $< 80\%$ complete D-F)

D. Number of insp. conducted on time from all files reviewed: _____

E. Number of insp. that should have been conducted: _____

F. **Percent of required inspections completed $\{(D/E) \times 100\}$:** _____ % (MC= C $< 80\%$ & F $\geq 80\%$)

Method 2 (Calculated from summary of all inspections performed)

A. Number of routine inspections completed during review period _____

B. Number of routine inspections due during review period _____

Percent $\{(A/B) \times 100\}$ _____ %

☐ ERBIS in place for this time period: _____ to _____

2.3 Vending Inspection Frequency

MET MC NM

Department's inspection plan:

☐ Every 6 months

☐ 1/3rd each year

☐ 1/10th each 6 months

Comments:

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2.4 Follow-Up Inspections**MET****NM**A. Number of files with $\geq 80\%$ of required follow-ups completed w/in 30 days _____

B. Number of files in sample _____

Percent Compliance $\{(A/B) \times 100\}$ **80% required** _____

% of temporary inspections with critical corrections not noted = _____%

2.5 Temporary Food Service**MET****MC****NM**_____ of _____ files had no problems.Compliance = _____% **80% required.****2.6 Inspection Procedures****MET****MC****NM**A. Files with 2.6 MET: _____ Fixed/Mobile/STFU + _____ Temporary files = _____ Total files w/no problems
_____ Total files w/ no problems / _____ Total files reviewed = _____% Compliance. **80% required for MET****B. If compliance $\leq 80\%$:** _____ files w/no violation ID problems / _____ Total files = _____% Compliance.If A=close to 80% and B is $\geq 80\%$ and approved forms are used, 2.6 is rated **MC**

Inspection problem specifics	Fixed/Mobile/STFU	Temporary	Total
The # of times each problem was found is listed.	#	#	#
Department uses unapproved inspection form			
Administrative info. not complete on inspection form			
Findings do not properly document and ID: C and NC			
Report does not summarize findings relative to law, is not legible and/or doesn't convey a clear message			
Narrative does not state violations observed and corrections needed			
Correction time frames not specified			
Report not signed and/or dated by Sanitarian		Noted under 2.5	
Report not signed by establishment representative			

2.7 FIELD- Identification of Critical Inspections**MET****MC****NM****2.8 FIELD- Inspections Result in food Code Compliant Establishments****MET****MC****NM****3 Records****MET****MC****NM****4.1 Written Enforcement Policy, Proper Use****MET****MC****NM**_____ of _____ files had no problems.Compliance % _____ **80% required + acceptable policy**

Enforcement Policy Comments:

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4.2 Unauthorized Construction - Stop Work Order Usage MET MC NM

4.3 FIELD-New Construction - Complies with law prior to licensure MET MC NM

4.4 License Limitations MET MC NM

4.5 Variances MET MC NM

4.6 Complaint Investigation MET MC NM
____ of ____ files had no problems.
Compliance % _____ **80% required**

5.1 New Staff- Academic Training in 5 Areas MET MC NM

5.2 New Staff- Inspections with Standardized Trainer MET MC NM

5.3 Other Staff- Training for Mobile, STFU, Vending and Temporaries MET MC NM

6.1 Foodborne Illness Investigations Conducted MET MC NM
____ of ____ files had no problems.
Compliance % _____ **80% required**

6.2 Foodborne Illness Procedures MET MC NM

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Important Factor I - Educational Outreach
___ Department not attempting to meet this IF

MET NA

Important Factor II - HACCP Program
___ Department not attempting to meet this IF

MET NA

Important Factor III - Continuing Education of Regulatory Staff
___ Department not attempting to meet this IF

MET NA

Important Factor IV - Program Support
___ Department not attempting to meet this IF

MET NA

licensed establishments _____/150 = **A.** _____ recommended number FTE's
_____/225 = **B.** _____ minimum number FTE's

temporary licenses issued _____/300 = **C.** _____ FTE's needed for temporary inspections

D. Total Minimum FTE's (B+C)= _____ **E.** Total Recommended FTE's (A+C)= _____

F. Actual FTE's assigned to FS program _____

Met if:

___ F ≥ E or ___ F ≥ D + 2.2,2.3,2.5,2.7,2.8,4.6, and 6.1 M or MC

Important Factor V - Industry & Community Relations
___ Department not attempting to meet this IF

MET NA

Important Factor VI - Quality Assurance Program
___ Department not attempting to meet this IF

MET NA

___ 2.6,2.7,2.8,4.1,4.6,6.1,6.2 are M or MC (If this line not met no further review is needed)

___ Written quality assurance program developed

___ Quality assurance review conducted every 24 months

___ At least 10 inspection reports for each sanitarian's food insp. or FBI records have been reviewed

___ Every employee assigned to program has completed 2 joint inspections with trainer every 24 months

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MPR 2.3, 3 Vending Worksheet

[illegible]

Notes:

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Complaint ID	6.2 Complaint on log / Log Review Timely?	6.2 Properly ID'd as Meeting MI Outbreak Definition?	6.2 IAFP Procedures Used?	6.1 Invest. Initiated within 24 hours?	6.1 If Outbreak, Report to MDA w/in 90 Days of Closure?	Problem
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
						Y
Total						
%						

6.2 - IAFP 5th edition on-site? _____

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MPR's 1, 2.1, 2.6, 3, 4.2: Plan Review Worksheet

Facility Name: _____ Type: _____ ___ New ___ Remodeled

License year:

Insp. Date:

Date License Signed:

Indicator	Item Required	Status*	Notes	Problem
1	Application / Transmittal letter (new 1/01)			Y
1	Menu (new 8/86)			Y
1	Layout (floor) Plan			Y
1	Plumbing Plan			Y
1	Ventilation Hood shown (full plans needed for stfu's, mobiles)			Y
1	Lighting Plan &/or Specifications			Y
1	Scaled Drawings			Y
1	Completed Worksheet			Y
1	Equipment Specifications			Y
1	Reviewer's checklist used (1/04)? Applicant informed of deficiencies? Deficiencies resolved in writing or on revised plans. Is the flow between reviewer and applicant clear?			Y
1	Formulas calculated, documented for hot water, dry storage, refrigeration? (needed, proposed, justification for differences)			Y
1	Approval letter in file? (describe project scope & reference to date on plans-1/04)		Date:	Y
4.2	Was facility constructed prior to approval? (Note if approvals issued very close to or after opening inspection)			Y
4.2	Stop work order used as needed? Did department take appropriate action once it became aware of illegal construction?			Y
2.1	Facility opened with NO critical items pending?			
2.1	Pre-opening inspection in file?			Y
2.1	Is inspection marked approved to open?			Y
2.1	Inspection dated on or before license approval date?			Y
2.6	Inspection on regular inspection form, properly completed, dated and signed?			Y
2.4	Follow-up inspection on separate form?			Y
3	Records		Records retained for: _____ years	Y

✓=yes, x=no, NA=not applicable

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MPR's 2.2, 2.4, 2.6, 3, 4.1, 4.4, 4.5, Facility Folder Worksheet

2.2 Routines: _____ done- _____ late= _____ DONE / _____ DUE= _____ % Compliance Routine = M NM

2.4 Followup: _____ done- _____ late= _____ DONE / _____ DUE= _____ % Compliance FUP = M NM

2.6 _____ Insp. w/o 2.6 errors / _____ Total Inspections = _____ % Compliance Insp. = M NM

Facility Name: _____ Type: Fixed Mobile STFUF

Dates	Activity Type	Routine Freq.	Time Between	Notes	MPR	Problem
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y
	R FU Enf					Y

License Year	License in File?	Date App. Signed	Findings	MPR	Problem
03					Y
02					Y
01					Y

C Critical Violation OC Office Conference
 CATOI Corrected at time of inspection IH Informal Hearing
 R Routine Inspection Enf Enforcement Action
 FU Follow-up inspection V Violation

Routine Frequency: List the # of months scheduled between inspections (6,12,18 months or S for seasonal).

Time Between

Routine Inspection: List time (months) since last routine inspection if >1 month overdue.

Follow-up: List time in days from the most recent routine inspection or previous follow-up if > 30 days. Note when no FU or ENF was done when a FU or ENF was necessary. Note yes under problem when the routine is >1 month overdue for, if seasonal is not done once each operation period or the follow-up is >30 days. **Notes:** List any problem with inspections/licenses found. Note variances and if properly done. Files with no follow-ups due receive a met.

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	Facility File Sample Size:	Plan Review Sample Size:
Office:		
Field:		

[illegible]

Office Worksheet – MPR 2.7, 2.8 (Field)

Establishment: _____ **Est #** _____ **LHD insp. dates:** _____

List LHD inspection notes on the Office Worksheet. Compare the MDA Field Inspection Report to the Office worksheet. Mark a corresponding box with an “X” if the LHD failed to identify a violation. Use a “√” if the LHD also identified the violation. Use a “⊗” if formal enforcement is underway.

Principle		LHD Inspection Notes
Demonstration of Knowledge		
Consumer Advisory		
Employee Health – reporting, exclusion, restriction, eating, tasting, handling animals, smoking		
No Bare Hand Contact		
Handwashing – hands washed, handwashing procedures, sinks provided		
Date Marking- Discarding		
Food - Approved Source, shellstock tags, record parasite destruction, cross-contamination, condition, re-service, highly suscept. pop.		
Food Time/temp – cooking, cooling, hot/cold holding, reheating, time		
Food Contact Surfaces – material, cleanable, clean, frequency, maintenance		
Sanitization – temp, concentration, procedure,		
Chemical – food additives, sulfites, storage, approved labeling, medications		

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Establishment #: _____

LHD Inspection Notes

Pest Control – <i>minimized, animals</i>		
Water Supply / Sewage		
Plumbing–Cross Connect		
Toilet/Lav Facilities – <i>accessible, signs, hot water, soap, vent towel, doors, covered recpt.</i>		
Personnel – <i>fingernails, jewelry, outer clothing, hair restraints</i>		
Food Protection - <i>thawing, covered, off floor, approved storage location, labeling,</i>		
Equip/Utensils – <i>nonfood contact: condition, materials, cleanliness // in-use storage, capacity, thermometer, handling, storage, vented, test kit tableware, warewashing</i>		
Linens, Wiping Cloths, Sponges		
Single Service / Single Use Items		
Physical Facility – <i>floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation from living quarters, laundry, plbg. maint., outer openings</i>		
Garbage and Refuse Storage / Disposal – <i>maintenance, facilities</i>		

Number of Critical Violations Missed (“X”s): _____ **PASS** **FAIL**

Individual Establishment: % = Percent of critical violations identified by LHD.

Example: One critical violation not identified = 93%.

PASS: 1 = 93%, 2 = 86%, 3 = 79%

FAIL: 4 = 71%, 5 = 64%, 6 = 57%, 7 = 50%, 8 = 43%, 9 = 36%, 10 = 29%, 11 = 21%, 12 = 14%

Field Inspection Report – MPR 2.7, 2.8

Establishment: _____ **Est #** _____ **CFM : Y N**

MDA Inspection Notes

Demonstration of Knowledge	
Consumer Advisory	
Employee Health – reporting, exclusion, restriction, eating, smoking, tasting, handling animals	
No Bare Hand Contact	
Handwashing – hands washed, handwashing procedures, sinks provided / accessible	
Date Marking-Discarding	
Food - Approved Source, shellstock tags, record parasite destruction, cross-contamination, condition, re-service, highly suscept. pop.	
Food Time/temp – cooking, cooling, hot/cold holding, reheating, time	
Food Contact Surfaces – material, cleanable, clean, frequency, maintenance	
Sanitization – temp, concentration, procedure	
Chemical – food additives, sulfites, storage, approved labeling, medications	

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Establishment #: _____

Pest Control – <i>minimized, animals</i>	
Water Supply / Sewage	
Plbing–Cross Connect	
Toilet/Lav Facilities – <i>signs, hot water,soap,vent towel,doors, covered recp</i>	
Personnel – <i>fingernails, jewelry, outer clothing, hair restraints</i>	
Food Protection - <i>thawing, covered, off floor, approved storage location, labeling</i>	
Equip/Utensils – <i>nonfood contact: condition, materials, cleanliness // in-use storage, capacity, thermometer, handling, storage, vented, test kit tableware, warewashing</i>	
Linens, Wiping Cloths, Sponges	
Single Service / Single Use Items	
Physical Facility – <i>floors, walls, ceilings, lighting, ventilation, dressing rooms, premises maintained, unnecessary items, cleaning equip storage, separation from living quarters, laundry, plbg. Maint., outer openings</i>	
Garbage and Refuse Storage / Disposal – <i>maintenance, facilities</i>	

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Field Component Table MPR 2.7

Establishment Name / #	Pass	Fail

Percent Pass	
---------------------	--

MPR is Met; Met w/ Conditions Not Met	
--	--

Met: 80% of LHD inspections pass. Met w/ Condition: 70 to 79% pass. Not Met: Less than 70% pass.

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MPR 2.8 Table

Establishment Number

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	%
Knowledge																								
Consumer Advisory																								
Employee Health																								
Bare Hand Contact																								
Handwash																								
Date Marking																								
Food																								
Time/temp																								
Food contact surf																								
Sanitize																								
Chemical																								
Pest Control																								
Water Sewage																								
Plbg. Cross connect																								
Toilet /Lav Facilities																								
Personnel																								
Food protection																								
Equip / Utensil																								
Linen, cloth, spon																								
Single Service/use																								
Physical Facility																								
Garbage																								

- “X”s** denote violations found during the field evaluation by MDA
“√” denote violations also identified by the LHD
“⊗” denote violations for which formal enforcement is in progress (do not count towards determining % establishments in violation)
“%” means percent of establishments in violation

Data is obtained from each “Field Inspection Report – MPR 2.7, 2.8” in the sample.

Met: No violation category is marked more than 40% of the time.

Met with Conditions: No more than any one critical category is marked between 41 and 59%. OR no more than any two non-critical categories are marked between 41 and 59%.

Not Met: Any one critical violation category is marked 60% or more. OR Any two or more non-critical violations are marked 60% or more of the time.

This MPR is Met: _____, Met with Conditions _____, Not Met: _____

Field New Construction Report – MPR 4.3

Establishment: _____ **Est. #** _____

Item	Viol.	Comments
Chemical		
Equipment/Utensils Material / Installation		
Food Display Protection		
Hand Sinks / Supplies		
Hot Holding Facilities		
Hot Water		
Laundry		
Lighting		
Mop Sink		
Outer Openings		
Personal Item Storage		
Plumbing		
Refrigeration		
Room Finishes		
Sewage Disposal		
Solid Waste		
Storage FUELSS		
Thermometers		
Toilets		
Ventilation		
Warewashing Equip		
Water Supply		

Total Number of violations: _____
MPR H2.2: Pass _____ Fail _____ (3 or more construction violations)

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New Construction Summary Table – MPR 4.3

Violation Categories	Est#	1	2	3	4	Total violations per category
Chemical						
Equipment/Utensils Material / Installation						
Food Display Protection						
Hand Sinks / Supplies						
Hot Holding Facilities						
Hot Water						
Laundry						
Lighting						
Mop Sink						
Outer Openings						
Personal Item Storage						
Plumbing						
Refrigeration						
Room Finishes						
Sewage Disposal						
Solid Waste						
Storage FUELSS						
Thermometers						
Toilets						
Ventilation						
Warewashing Equip						
Water Supply						
Total violations / FSE						

Data obtained from “Field New Construction Report – MPR 4.3”

Individual establishment pass/fail: 1 to 2 total violation categories = pass. 3 or more = fail.

Met: All 4 establishments pass and no violation category in the summary table is checked more than twice.**Met with Conditions:** Three establishments pass - OR – Four establishments pass and one violation category in the summary table is checked three or four times.**Not Met:** Two or less of the establishments pass – OR – More than one violation category in the summary table is checked three or four times.